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OPERATIONS ON CLUB-FEET.

[WITH FOUR LITHOGRAPHIC PLATES.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send for insertion, in your useful periodical, a description of some of my operations on club-feet. I have not selected the most favorable cases for the purpose of display. They are taken according to date, as they occurred. The expense attending taking casts, and drawings of casts, and engravings from the drawings, has deterred me from doing it as often as I should otherwise have wished. The following may be considered as fair samples of the improvements which have resulted from all my operations upon club-feet. Where both feet have been deformed, I have usually taken casts of only one, and that the one which was the most distorted. Both feet are represented in the first case below.

The operation for improving club-feet and other deformities by dividing the tendons, I consider one of the greatest improvements in modern surgery. Still much caution is necessary, or much harm will be produced. I am convinced, from the experience I have had, that much improvement may be made in distorted limbs by well-adjusted mechanical apparatus. There is fear that the cutting of tendons may be carried to excess. All improvements in the healing art, if favorably brought before the profession, are adopted with enthusiasm. My own opinion is that much discretion is required in this operation, and that tendons ought not to be cut without due consideration. I should never cut a tendon, if by the scientific adjustment of apparatus the limb could be restored to its natural form and symmetry without giving too much pain. The operation of cutting tendons for the improvement of deformed limbs, particularly club-feet, is not of recent origin. It was done in Frankfort, Germany, as early as 1784, by Lorenz. The next operation of dividing the tendo-Achillis, for the improvement of club-feet, of which we have any record, was done in 1811 by Dr. Michaelis, of Morbourg. Sartorius published a case in 1812, where he divided the tendo-Achillis in 1806. This was a case of pes-equinus, not congenital, but acquired, produced by an abscess in the soft part of the leg. I have now an application to operate for a case precisely similar, produced also by a similar cause. This operation was revived in 1814 by Delpech, who was at that time owner of one of the greatest orthopedic establishments

in Europe. Delpech was the first operator who avoided dividing across the entire skin, as had been done by all his predecessors. He pointed out the importance of preserving the skin over the tendon.

Stromeyer's first operation of dividing the tendo-Achillis was performed in the year 1831. He was not very successful. His impression was that the two ends of the tendon, after being divided, ought to be kept in contact as near as possible, and he invented an apparatus for this purpose, which bears his name. The fact is, the operation was brought into disgrace by the mistaken notion that the two ends of the tendon, which had been divided, ought to be brought as near in contact as possible. The theory was, that a plastic matter was thrown out from each end (like the oozing of a young sapling which has been cut), which became inspissated, and that it was unsafe to separate the ends of the tendon until this intermediate substance had become sufficiently consistent to be stretched without losing its integrity to each end of the tendon, which had been divided.

M. Bauvier is entitled, I believe, to the credit of first bringing this operation into scientific notice. He found, after repeated experiments upon animals, that from the second to the third day after the section of the tendon, the cellular sheath which surrounded it had become thicker and more consistent than in the natural state—that it was open only on the side where the instrument had penetrated—that it embraced the two extremities of the divided tendon—that its internal surface was ecchymosed, tinged with a deep red in contact with itself and with the tendinous extremities, which had the same color at their surface—that in nine days the band which it formed was solid and adherent to the ends of the tendon which had been divided—that it was of a grayish color and offered no appearance of fibres—that the canal it formed was contracted, and presented no longer any opening—that its walls were in contact, and often empty, sometimes filled with blood partially coagulated—that it was towards the 12th or 13th day the canal began to disappear, and by the 18th it formed a resisting band of the same size as the tendon, and adhered at its extremities; the canal having almost entirely disappeared, the tissue being close, slightly infiltrated by a serous fluid, and beginning to offer a fibrous structure—that on the 24th day, the intermediate substance was like the fibrous tissues, slimmer than the tendon itself, had great force of resistance and adhered to it solidly—that it then offered no trace of the inflammation which had served to produce it—that on the 35th day the intermediate substance was perfectly continuous to the tendon, but could be distinguished from it—and that towards the 76th day, it presented the same appearance as upon another animal, but much more solid.

M. Jules Guerin, director of the orthopedic institution, Paris, coincides, I believe, with M. Bauvier in the above theory. I expect a communication from the former gentleman in a few days, accompanied by the works he has recently published—also drawings of new apparatus for correcting curvatures of the spine. This gentleman has lately performed some new operations on the back in cases of great distortions of the spine. These consist in dividing those tendons and muscles of the back

which are the principal agents in forming the curvature. I hope before long to be able to avail myself of his experience. No operation, however, of this kind will be performed unless by the united advice of the consulting surgeons of the Orthopedic Infirmary in Boston, and with the full consent and wish of the patient.

It may be considered somewhat incumbent on me to describe the manner in which I divide tendons for the cure of club-feet. I will therefore simply state, that when I have prepared my patient for the operation, I place him on his stomach upon a bed, with his legs extending over the sides from the knee. I then place myself in a chair between his legs, having one assistant to hold the lower limb firmly, and another to flex the foot. I then operate upon the inside of each foot, by making a puncture through the integuments, flatwise of the instrument, then turning it and dividing the tendon—taking care to withdraw the instrument in the same manner as introduced. After the operation is over, I place a compress on each side of the divided tendon, wet with cold water, and put a bandage round the ankle loosely, but in such a manner as to keep the compresses in place. I then apply my usual apparatus for bringing down the heel and flexing the foot. If this is done at first, it gives no pain, but if omitted for two or three days it gives great pain. The apparatus ought always to be applied at first. I ought to have premised that I usually put over the orifice a strip of adhesive or court plaster, to prevent any oozing of blood. There is, however, seldom much trouble on this account. I suppose, in nine times out of ten where I have operated, there has not been a drop of blood. This is accidental, however, and depends upon hitting some little cutaneous vein. The instrument I use is very small, more like a cataract needle than any other surgical instrument. It is what Bauvier calls a tenotome, or tendon cutter—derived, I suppose, from the Greek words tenon and tomos. Many use a very narrow, straight-edged bistoury for cutting tendons. I do not think this so good an instrument as the above, for several reasons. One is, it cannot be moved about with the same facility as the tenotome, without increasing the opening in the integuments; another is, it is not so safe an instrument; and a third is, that a concave-cutting surface does the work much more conveniently.

There are three general divisions of club-foot, made use of by classic authors; viz., varus, valgus, and pes-equinus or horse-foot. That termed varus, is where the foot is turned in, and the subject of it rests his weight upon the outer part of the foot and external ankle. That termed valgus, is where the part is turned outwards, and the subject of it rests his weight upon the inside of the foot. This kind of club-foot is not so common as that termed varus—is seldom congenital, and is usually acquired from accident, as is also pes-equinus. These general divisions of club-foot are sub-divided into degrees; viz., 1st, 2d and 3d, which indicate the extent of the deviation.

At some future period, with your permission, I shall make your Journal the medium of some further communications upon this subject.

Representation of Cases.

The following description of the case represented in *Plate* No. 1 and 2, is extracted from my note-book.

February 13, 1839.—Julia Ann Goward, of Milton, Mass., came under my care with two club-feet. She is 3½ years old; never has walked. She has little or no use of the left arm. It hangs pendulous from the shoulder, in consequence of an imperfect articulation of that joint. The left arm and left leg are each precisely an inch shorter than the right. Her joints are loose and rickety, and her limbs feeble. Her bodily health appears to be good.

February 21st, at 3 o'clock, P. M., divided the tendo-Achillis in both feet. The ends separated about an inch. The feet came round very well; brought the heels immediately down, agreeably to M. Bauvier's direction. The child appeared to suffer little or nothing from the operation. There was not a drop of blood from the left foot, and only four or five from the right. Drs. J. M. Warren and J. W. Gorham were present; also Mr. J. W. Phelps, machinist. Saw her at 5 o'clock, two hours after the operation. She was sitting quietly upon the sofa, eating her bread and milk. Saw her again at 7 the same evening; she was in bed, asleep. Saw her again at 7 the next morning. She had not been at all uneasy or restless, but had slept quietly the whole night, without waking. No anodyne was given. It seems unnecessary to continue a detailed daily record of the treatment of this case, as it would take up too much room in your Journal, and would be, from its sameness, uninteresting. Suffice it to say, that this child has apparently suffered no inconvenience from the operation or treatment up to this date, March 21st. She stood erect upon the soles of her feet on the 18th, and began to walk on the 36th day after the operation. The drawing of the left foot does not represent the extent of the present state of its improvement. Two casts were taken for the purpose of giving an exact representation, but neither of them were successful. Her present situation may be known from the following letter recently received from her physician at Milton, Dr. Jonathan Ware.

Dr. Brown.—*Dear Sir*—You ask my opinion as to the result of the operation which you performed on Julia Ann Goward, for remedying club-feet. It has certainly exceeded my most sanguine expectations. The little girl, actually unable to stand or support the least weight of her body upon her feet (so great was the deformity), is now, a few months after the operation, able, with the slight assistance derived from a cane, to walk about the house. The operation and applications by which you have been successful in relieving her, I would most earnestly and confidently recommend to the attention of all persons having children similarly afflicted.

Respectfully yours,

Milton, Aug. 30, 1839. Jona. Ware.

Plate 3*d*. The following description of this case is extracted from my note-book.

May 15th, 1839.—Miss Ellen Moreen, of Bath, Me., came under my care. The left foot, in her case, is very much deformed. It is of that

class termed varus, of the 3d degree. She was born so. She is now 29 years old. She walks upon the outer ankle and upper part of the foot, upon the os cuboides and the upper side of the metatarsal bones of the little toe, and the one next it; the little toe and the one next it, with their metatarsal bones, being turned under; the little toe and the great toe being in contact on what should be the base of the foot. Her walking in this very unnatural position of the foot is attended with great pain, as must naturally be expected. The places upon which she rests her weight when she walks, are indicated in the above drawing by a kind of artificial heels, formed by a thickening of the integuments upon the outer ankle and upper part of the foot, marked Nos. 1 and 2.

17th.—Divided the tendo-Achillis, or great heel cord—also the tendon of the tibialis anticus, and the tendon of the flexor longus digitorum pedis profundus perforans in the sole of the foot.

18th.—Has had no pain or spasms; slept all night. Gave no opiate.

19th.—Slept well; has had no pain.

23d.—Has gone on very well; has experienced no inconvenience from the operation. Examined the tendo-Achillis; found it had united, and the space between the two ends of the tendon, which had receded a full inch from each other, entirely filled up, so as to form a continuous cord.

June 8th.—Divided the tendon of the long flexor again, and also the aponeurosis plantaris in the sole of the foot.

15th.—Put on a high shoe with instep straps, and an upright steel splint on the inside, and an iron sole with a strap two yards long, so applied as to bring in the ankle, and confine the foot to the sole of the shoe (my usual apparatus being laid aside, as it produced pain). Directed walking daily.

Sept 8th.—It has been unfortunate for Miss M. that owing to the unusual sensitiveness of her foot, she has not been able to bear the apparatus best calculated to correct the deformity. Her improvement, as above described in the drawing, has been in a great measure owing to her resolution—being a young lady of firm mind and fixed determination, she has resolutely kept the foot upon the sole, and persevered in walking as I directed. I will venture to say that in the course of three years no one will readily discover that her foot was ever otherwise than natural.

Plate 4th. Extract from my note-book.

July 9th, 1839.—Miss Ann Frances Randall, daughter of James Randall, of Topsham, Me., came under my care with two club-feet. They are of that class termed varus, of the 3d degree. She is seven years old, and perfectly healthy. She was recommended to apply to me by a gentleman deservedly celebrated, Dr. John Stockbridge, of Bath, Me., who also put under my care Miss Moreen, the patient whose case is above recorded.

10th.—Divided the tendo-Achillis in both feet.

11th.—She has suffered no pain from the operation. The night was extremely hot, and she was rather restless. Gave sol. sulph. magnesia.

12th.—Slept better; has no pain in the feet. For reasons above specified, I shall not continue a detailed daily record of the treatment of this case.

17th.—The feet are doing well—very well; she has suffered no inconvenience from the operation. She has been a little impatient in bearing the application of the apparatus, and has not kept it on so steadily as I could have wished, which has retarded her improvement.

August 7th.—She began to walk this day, without aid or taking hold of anything, which is four weeks from the time of the operation. In five weeks she walked up and down stairs, and in six weeks she walked freely and with ease anywhere. There was then, and still is, Sept. 10, some awkwardness in her gait. The muscles of the leg are brought into new action, and they have not as yet become accustomed to it; but she is daily and rapidly improving, and her feet will soon cease to be a deformity.

My respected friend, John Randall, M.D., of this city, saw the above case previous to its being operated upon, was present at the operation, and has witnessed the progress of improvement. His opinion of the success of the operation, the manner of doing it, and the mode of treatment, is expressed in the following letter which he has had the kindness to send me.

My dear Doctor,—Having lately seen the little girl, for whom you operated in the early part of July, I desire to address you a few lines on the subject of her case, and to thank you for the opportunity afforded me of witnessing the operation. You will probably remember, that a female child, seven or eight years old, was sent you from Topsham, Me., for your examination and advice, and that you were kind enough to invite me to see her with you. She had club-feet of that species denominated varus, and was unable to do better with them, than to hobble a little about the house. Your opinion was in favor of a division of the tendo-Achillis on each side, and the application of certain apparatus. You proceeded to the operation, which was speedily performed, and which appeared to give but little pain to the patient. Not more than three or four drops of blood were lost at the time, and no unpleasant symptoms followed the operation. The little girl appeared cheerful and happy. The apparatus was applied without any inconvenience to the child, and varied from time to time, as circumstances required. I saw her occasionally during her treatment, and witnessed her gradual improvement. Your success has been complete. She now treads naturally upon her feet, turns them out like other children, and walks so well, that I should not know, from common inspection, that she had ever had an infirmity of these members; except from a little clumsiness in the use of muscles, which have long been in a state of disuse, and which she will probably acquire the natural use of by a little practice.

I cannot but think this operation for club-feet a great improvement in modern surgery, and have to thank you for leading the way in this place for its successful cultivation. Having witnessed your success in the above case, I shall not now despair of your ability to overcome greater difficulties and deformities.

I am, dear Sir, very faithfully your friend and humble servant,

Boston, Oct. 1, 1839. J. Randall.

Dr. Brown.—*Dear Sir,*—In compliance with your request, I can state that I have seen a number of cases of club-foot operated on by you, which appeared to be much improved and in a fair way to be cured.

Boston, Oct. 10, 1839. Your obedient servant,
J. C. Warren.

I have now under treatment a young man, a shoe-maker by trade, 24 years old, with double varus of the third degree. Also a gentleman 30 years of age, a student of divinity at the Theological Institution in Cambridge, with double varus of the third degree. The improvement in the above two cases is not rapid, but gradual and sure. There can be no question but they will have good feet.

Boston, Oct., 1839. John B. Brown, M.D.

SEVERE INJURY TO THE NOSE.

BY ISAAC G. BRAMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The following case presents some points which may not be uninteresting to many readers of the Journal.

On the 25th of December last, Major J. Nelson, of Georgetown, while driving a spirited horse, was thrown upon some sharp, jagged rocks in the highway. Owing to his position, which was erect, and the rapid rate at which the animal was proceeding, he was unable to make any effective effort to save himself, but received the whole force of the blow upon the face and nose, the latter of which was demolished by one continuous, lacerated wound, extending from under the right eye (a little more than midway between that and the septum nasi) to, and across the root of the nose; from thence downwards, in a somewhat zigzag direction, crushing the bones in its course, to the left angle of the mouth, thus tearing off the nose, so that it hung suspended by the septum and ala nasi over the upper lip. There were also other cuts on and about the face. He was taken up in an insensible state, and conveyed a short distance to his house, and a messenger despatched for me. I arrived about twenty minutes after the accident. The patient made a shocking appearance, the parts being much swollen, contused, and torn in various directions, seeming at first view to render it almost impossible to restore them to their primitive situation—but a short reflection declared the propriety of the attempt, and with the assistance of my friend, Dr. Moody, who was present, I proceeded accordingly.

The wounds were well cleansed with a sponge; the bony fragments removed, and the parts brought closely together and held *in situ* by 30 stitches taken with an extremely small, triangular-pointed needle, armed with fine silk, and the nostrils plugged with dossils of lint. Finally, to make all secure, several small strips of adhesive plaster were placed in convenient positions so as to give support. The patient was bled, and directed for the first few days to confine himself to lemonade and water.

On the 5th day union by the first intention was found generally to

have taken place. From that time no untoward circumstance occurred; there was a gradual but sensible amendment; the patient was in two months permitted to walk out of his room, and in four months from the date of the accident he was so far recovered as to be able to attend to his ordinary avocations, which were, however, confined to the superintendence of a manufactory. The improvement in the appearance of his nose has kept pace with his health. A small opening under the left eye, communicating with the nostril, and which was occasioned by the loss of integument, remained for a while, but eventually filled by granulation.

Within a few days I have examined him, and am highly gratified with the result. Although the nose necessarily has somewhat a different view from that which it had formerly, still it is by no means a deformity. A person standing upon his right side would not suspect there had ever been an injury. On the other side, of course, it is rather more apparent, owing to a depression occasioned by the loss of bone; but this is not *now* decidedly bad, and is constantly improving by the intervention of a substance, probably of a cartilaginous nature.

Remarks.—This case is one of interest, as showing the wonderful restorative powers of nature when aided by a *good constitution* and habits of *strict temperance* on the part of the individual. The gentleman in question was a fair illustration of these points. He had, previous to the receipt of the injury, enjoyed firm health, and was thoroughly temperate, not merely in the matter of drinking, but in the utmost signification of the term. For this he has been amply repaid, as we have seen; had it been otherwise with him, the case might have resulted far different.

Georgetown, Mass., Oct. 8, 1839.

NEW APPLICATION OF BELLADONNA.

BY C. S. MAGOUN, M.D., OF MISSISSIPPI.

[Communicated for the Boston Medical and Surgical Journal.]

During the last two or three years quite a number of severe and obstinate cases of difficult or suppressed menstruation have come under medical treatment—cases of long standing, and accompanied by every complication of symptoms that a disturbance of the uterine functions could develope, modified by different temperaments, habits and constitutions. Some of these cases have been permanently relieved by the application of ext. belladonna to the os uteri, in conjunction with other remedies, but where they alone had failed of accomplishing a permanent cure.

This use of belladonna was suggested, by knowing its utility in dilating the os uteri during labor, as recommended by Drs. Chausier, Henne, Conquest, and others; and reflecting on the practice of Mackintosh in dilating the os uteri by means of bougies in suppressed menstruation; and supposing this condition might arise from an undue contraction, or peculiar nervous action in the organ at the time of menstruation, over which this potent article might have some effect. How much, or what,

influence it has exerted in those cases where it has been successfully tried, I am not prepared to say, but will leave that to be determined by others, should they feel disposed to give it a trial in similar cases.

I shall mention but one case at this time, the subject of which was thirty years of age; constitution not good; spare habit of body; much disposed to hysterical symptoms, and of a nervous temperament. Has not enjoyed good health since the age of puberty. Uterine functions have been always imperfectly and irregularly performed, causing much pain and suffering. Complaining of much pain and giddiness in the head, weakness and pain in the hips and loins, at times tumefaction and swelling in the hypogastric region. Has menstruated sometimes for two or three days, the secretion being scanty, and sometimes stopping suddenly; in fact, at no time has there been any regularity in the performance of this function. Paroxysms of severe suffering, together with an evident attempt at menstruation, would sometimes occur pretty regularly, varying from three to six weeks, and sometimes being absent for six or eight months without producing any inconvenience.

She was treated with cupping, small abstractions of blood by venesection, emmenagogues, medicated hip bath, &c., for two months, without accomplishing any material or favorable change in her situation. The treatment, such as is mostly recommended by Drs. Eberle and Mackintosh in such cases, was still continued, and the ext. belladonna resorted to twice a week, by being applied to the os uteri in the following manner. Take a female syringe, cut a hole in the rounded end two thirds of its diameter; place in the syringe some softened ext., and when properly adjusted to the part, force out the ext. by forcing down the piston. It was allowed to remain from one to two hours, or till some constitutional symptoms presented themselves, requiring its removal, when injections of warm water, milk and water, or a weak solution of aqua ammon. was used till it was all removed. This course was pursued for about five weeks, when the catamenial discharge occurred, natural in its appearance, and mostly free from all unpleasant symptoms. This course was pursued for two or three months, but gradually omitted as convalescence took place. Since that time, now two years, she has enjoyed good health, and been able to attend to her accustomed avocations.

I ought to remark that the patient had been several times under the treatment of physicians, that the *Thomson* or *steam system* had been perseveringly resorted to, and that all the quack medicines and nostrums recommended, accomplished no favorable change.

Other cases of a similar character have been successfully treated in the same manner, and in one case, of several years' standing, pregnancy has occurred since recovery. I hope, Mr. Editor, through the columns of your periodical, to hear of the successful application of this agent to the cure of the diseases mentioned above, in the hands of the medical profession generally.

Woodville, Mi., Sept. 14, 1839.

STRICTURE OF THE ŒSOPHAGUS.

Dr. Green read, at a late meeting of the New York Medical and Surgical Society, the history of the following case. On the 18th of March last, I was called to see Mrs. A., a lady of this city, aged 62, who had been for many months laboring under a stricture of the œsophagus. She had been, for some time previous, under the care of my friend, Dr. Archelaus G. Smith. The disease had existed nearly two years. At first she complained of a "burning sensation" in the throat, accompanied, at times, with some difficulty in swallowing. For a long time, however, this difficulty was slight; but for two or three months antecedent to the period of my first visit, the patient had only been able to swallow liquids, and those even in the smallest quantities. There was also existing, at this time, a small tumor, situated below the cornu of the os hyoides, on the left side, occupying the space between this bone and the thyroid cartilage. This tumor had existed for many weeks, but of late had been observed by the patient to have increased in size, and along with this enlargement there had been a corresponding increase in the difficulty of swallowing. At times, whole days would pass without the patient being able to swallow a particle of food, either in a solid or liquid state. The consequence was considerable emaciation of the body, but, with the exception of great debility, the general health did not appear to be much impaired.

This was her condition at the time I first saw her. Dr. Smith had succeeded, on several occasions, in passing a small bougie down the œsophagus, and in each instance this operation was followed with an ability to swallow a small amount of liquid food. At this time I passed, with some difficulty, a bougie, about four lines in diameter, and immediately followed it with one two sizes larger. The patient, who had been unable to swallow for nearly twenty-four hours previous, soon after this swallowed some food, and was able to take nourishment, in small quantities, for the two succeeding days. At the end of this period, the largest bougie was again introduced, and this operation was repeated every second or third day during the two following weeks. By this time, not only had the inability to swallow increased, but it became exceedingly difficult to introduce the smallest of the bougies. The tumor which had been observed on the side of the œsophagus had, during this period, considerably enlarged, and had extended down to the cricoid cartilage. Suspecting that the pressure of this tumor upon the top of the œsophagus was operating as an additional hindrance to the passage of food and the bougie, I made an effort to raise it from its bed, by inserting my fingers under its base, and drawing it upwards and backwards towards the mastoid process. I succeeded, and whilst it was held in this position, the patient could swallow better than she had been able to do for several preceding days. Under these circumstances, I proposed to Dr. Smith that we should remove the tumor. He acceded, and the patient herself desiring the operation, the tumor was carefully dissected out on the 22d of April. It appeared to be what we had anticipated, a scirrhous enlargement of one of the lymphatics. A

reunion by the first intention followed this operation, and the patient was again able to take nourishment in small quantities. A short time after this operation, another tumor made its appearance on the side of the œsophagus and trachea, about two inches below the cricoid cartilage. This tumor increased in size more rapidly than the first, and it was soon followed by an enlargement of several other of the lymphatics along the side of the neck. About this period the patient lost all power of swallowing, and was in danger of dying from actual starvation.

On the 4th of June, we succeeded in passing through the stricture the smallest tube of Hutchinson's stomach pump, and immediately pumped into the stomach some liquid nourishment. From this time, until her death, we had no difficulty in administering, in a liquid form, by means of this invaluable instrument, all the nourishment that this suffering [illegible] required. But, notwithstanding this, she gradually sunk under the influence of the disease. On the 7th of June she was attacked with severe rigors, which were repeated on the 8th and 9th, and were attended with a diarrhœa, under which she sunk rapidly, and died on the 11th of the present month. A day or two previous to her death, the large tumor had considerably diminished in size, and she was able to swallow, with little difficulty, as long as she lived.

Autopsy.—Assisted by Drs. Smith and Cadwell, I examined the body fourteen hours after death. On making an incision along the side of the larynx and trachea, we found that the parts which had surrounded the removed gland had healed kindly, and were in a healthy condition. The whole chain of glands along the side of the neck were enlarged, and in a scirrhous condition. On cutting into the large tumor, situated over the union of the clavicle and sternum, it was found to be in an ulcerated condition, containing a quantity of bloody serum. A part of its contents had evidently escaped into the surrounding parts, which had caused the decrease in the tumor's size. Its walls were bounded, on one side by the trachea and œsophagus. The muscular coat of the latter, and also that of the jugular vein, were already destroyed by the ulcer. Had the patient lived, it must have made its way into the œsophagus in a very short time. A stricture, half an inch in length, was found in the upper part of the œsophagus, and on laying open this tube, its inner or mucous coat was much thickened, for several inches, below the orifice. The stricture itself was found to have arisen from a diseased state of the *muciperous glands*, situated at the upper part of the œsophageal tube. These glands were in a scirrhous condition, and had so much enlarged as nearly to obliterate the passage. The disease had, undoubtedly, originated in these glands; whilst the lymphatics, external to these, had become secondarily affected. Both orifices of the stomach, and the stomach itself, were in a healthy condition. The intestines were examined. In some portions of the smaller intestines, their coats were found to be preternaturally thin, and here and there, patches of inflammation of their mucous coats were found. The liver, the mesenteric glands, the uterus, and its appendages, were all in a healthy condition.—*New York Journal of Medicine and Surgery*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 16, 1839.

REMOVAL OF THE UPPER-JAW, WITH A LARGE PORTION OF THE MALAR BONE.

This very formidable operation was lately performed by Dr. Warren, of this city, for the first time in the United States. The unfortunate patient was a gentleman belonging to Newburyport, about 60 years of age, who for some time had been affected with a fungoid disease in the antrum, of a dreadfully painful kind, which must soon have proved fatal. The tumor was of a sugar-loaf form, occupying the right side of the face, and had forced its way through the cavities pertaining to the maxillary bone. The right eye was compressed and inflamed, and the cavities of the nostril partly filled by the tumor. Of course, the support of the right eye and the right side of the right nostril and palate bones was removed—thus opening the nostril, mouth and orbit into one common cavity. The patient supported this trying operation without a groan, and at its termination said that he would willingly submit again, were it merely to get relief from the intolerable sufferings which he had experienced from the presence of the tumor. He rose from the chair, at the conclusion, and undressed himself before retiring to bed. The wound was closed by the twisted suture, and united by the first intention. In a fortnight he was well enough to leave the chamber and amuse himself with a spy-glass—using the organ which had been partly dissected from its socket in the operation he so lately passed through. The operation took place on the 17th of September, and on the 9th of October the delighted patient, thus almost miraculously saved from a horrible death, was able to leave the house.

Amputation of the Leg.—It is not because this is an operation of rare occurrence that we are induced to give the following case a prominent notice, but simply to show that a race of young surgeons are growing up amongst us, who are deserving of the confidence of the public.

Nine years ago, a young man, residing at South Boston, received an accidental wound from a knife, which penetrated the right femoral artery, from the outside of the thigh. Six weeks after the injury, Dr. Ingalls, senior, tied it. On the healing of the incision, ulcers of a painful character appeared upon the knee. These, after a time, gave way to persevering treatment; but this was no sooner accomplished than the toes and extremity of the foot sphacelated, and the disease crept upward till it reached the os calcis. At the expiration of six months from the first operation on the artery, the foot was necessarily amputated. As far as the stump was concerned, this, too, was successful. Shortly after, phagedenic ulcers broke out on the ankle, which were never entirely healed. These were supposed to have been in consequence of a blow from a ball on the end of the limb while at play. Intense pain supervened—inflammation, and subsequently ulceration. Before this last accident, the patient hobbled about by supporting the knee in a crutch. Soon after the first surgical aid, the superficial veins of the whole limb gradually enlarged, and

eventually became enormously distended—the varicose enlargement extending from the groin quite to the foot, their tortuous course being strongly marked. When gently pressed, a thrill or purring was distinctly felt; and by applying the ear, a most vivid bellows sound was recognized. Constitutional disturbance obliged him to discontinue labor, and if possible obtain speedy relief. Amputation was the only alternative, and all who were consulted were decidedly in favor of taking the leg off above the knee, which the patient objected to so firmly, being willing to hazard a second amputation if circumstances required it, that his desire was complied with. At the moment of the incision, which was circular, the quantity of blood that gushed out was immense. There was nothing particularly striking in the process of amputation, though we are bound to say that it was done with adroitness and success. Eight ligatures were required. Thirty-six hours after, the patient was doing well. As the cast-off part is to be injected, we shall know more of the nature of the disease hereafter.

The operator was Dr. William Ingalls, Jr.—the son of a gentleman well known to the profession for his high professional attainments and former devotion to operative surgery. On this occasion it must have been gratifying to the father to witness this beginning of one on whom his mantle is designed to fall; but his satisfaction could not otherwise than have been heightened in seeing the first surgeon in this country, Dr. John C. Warren, present in the capacity of a willing assistant. The manifestation of a disposition in those of the highest professional rank to counsel and assist those who will at some future period be left in possession of the field, is calculated to encourage them, while it elevates the profession in the estimation of the community. In a word, unwavering kindness and courtesy is the true foundation of that harmony which characterizes the medical corps of this metropolis.

Louis on the Yellow Fever.—In the paragraphic notice given two weeks since of the translation made by Dr. Shattuck, Jr., of Boston, of a volume by M. Louis, we accidentally omitted to state that the translation is made directly from the author's manuscript, and not from a French publication. The book will make its first appearance, in the English language, in Boston, although written at Paris. From all we can gather, it will be considered a standard work on yellow fever. If the faculty ever needed a guide in the management of an epidemic of such a formidable character as the yellow fever of the South has manifested itself to possess the present year, it is at this time.

Dr. Fletcher's Truss.—It is extremely gratifying to learn that the invention of Dr. Fletcher is appreciated by surgeons of eminence. The sums paid by those who have purchased the exclusive right to supply this truss in particular districts, is conclusive evidence of the value of the instrument, notwithstanding the multiplicity of trusses on sale throughout the country. It is enough to distract one to decide which is best, out of the hundreds recommended by a host of celebrated names. To come in last, with nothing but the truss itself, unprotected by friends, when Dr. Chase had apparently laid the whole land under contribution—is no small affair; and it shows, too, beyond a question, that merit sometimes has its reward.

Dr. Stith's Address.—When the transactions of the Medical Society of Tennessee were published, the last spring, in which was included the address of F. Stith, M.D., of Franklin, in that State, the author was absent, and had no opportunity, therefore, of superintending the press—the consequence was, a large number of vexatious typographical errors were unfortunately permitted by the proof-reader to get the go-by. It is one of the misfortunes of a writer, that he is sometimes made to think and to say things which actually border upon the ridiculous, perhaps, when he was, in point of fact, in the very midst of an argument that would have elicited the highest commendation, had the expressions appeared as they were intended to stand. Justice requires this apology to be publicly made for Dr. Stith.

Boston Dispensary.—An annual report of the physicians has been made, by which it is ascertained that the whole number of patients who have been under medical treatment, the past year, ending Oct. 1, was 2665. Of that number 315 were born in Boston; 619 in other parts of America; 1590 were Irish, or of Irish parentage, and 141 were of other nations. Two thirds of the patients receiving the benefit of this excellent charity, are foreign paupers.

Surgical Instruments.—Such is the success of Mr. Phelps, of Court street, in the manufacture of surgical instruments and apparatus, that we are gratified to make him known to the profession of New England. He makes, mends or improves, according to order, and at a reasonable rate. His cutting edges cannot be excelled by any foreign instrument-maker.

Medical Miscellany.—Dr. Angel, of Lafayette, La., has been committed for trial, charged with the murder of a slave.—From Sept. 1st to Sept. 24th, the deaths at Mobile by yellow fever were 329, in a population of only 2500.—A man is said to be residing in Indiana, who is 120 years old, in fine health.—Three children were bitten by the same snake, a copperhead, in Gibson county, Indiana, lately, and in two hours after, all three were dead.—An attempt was made to assassinate Dr. R. C. Hall, at Rushville, Schuyler Co., Illinois, a few weeks ago: he was shot at with a ball. A reward of $4000 is offered for the detection of the assassin.—The smallpox has been completely circumscribed, and is now under the control of the physicians, in Maine, by an active vaccination.—The latest advices from Bombay state that the cholera is making dreadful ravages in that quarter. Death often supervenes in one hour after the attack; and to crown the distress, the inhabitants are suffering under a great scarcity of water, most of the wells being dry.—The matter which Dr. Woodward, of Quincy, Mass., sent to us some months ago, taken from a cow, did not succeed in our hands. It is possible that it had been too long exposed to the air before we had an opportunity of inserting it.—The Common Council of Boston have appropriated $10,000 to defray the expenses of the Lunatic Asylum, at South Boston, the ensuing year.—At Peoria, Ill., the sickness is alarming.—Dr. Eberle's truss, of which proper notice will be taken at a more convenient time, is calculated to find friends among the unfortunate.—Dr. H. Frost, of Westmoreland, Virginia, has devised an instrument for determining the course of the wind, which he calls an

anemoscope.—A new medical school will go into operation at Philadelphia, on Monday, Nov. 4th. More of this hereafter.—Seventy students have already been matriculated at the Albany Medical College.—The health of New Orleans was improving at the last dates.—Dr. Walker has lately performed a remarkable surgical operation at Medford, Mass., the particulars of which we hope to obtain.—Dr. Geo. H. Gay, of Boston, who has been uncommonly successful in constructing metallic palates for the restoration of the voice, has just completed a splendid piece of mechanism for a man who had a cleft in the roof of the mouth. Dr. Harwood has displayed the highest degree of ingenuity and science in the same way by enabling those to articulate distinctly, who could scarcely be understood before.—Dr. Haynes's supporter, heretofore referred to, is gaining in public estimation exceedingly fast—all the hospitals should be amply supplied.—At Springfield, Vt., an epidemic, the name of which is not given, in the course of a few weeks has carried off between 30 and 40 persons out of a population of 3000.—A destructive fever is prevailing to an alarming extent at Fort Gibson and Towson.—The City Council of Savannah have appropriated $1000 to be distributed amongst the poor and afflicted persons of Augusta, who have survived the yellow fever.—A physician of Massachusetts, whose name is withheld from the public, says report, is writing a work on the diseases of each town in the Commonwealth.—A favorable notice is taken of Dr. Hale's observations on the Typhoid Fever of New England, in the last number of the North American Review.—In several places at the South, where the yellow fever has been alarming, it is now becoming safe for strangers.—The whole number of deaths at Charleston, S. C., the week ending Sept. 29th, by yellow fever, was only four. The whole number of deaths up to that period, by yellow fever, the present season, 125.

Whole number of deaths in Boston for the week ending Oct. 12, 49. Males, 22—females, 27.

Of consumption, 5—scarlet fever, 4—infantile, 2—dropsy on the brain, 4—decline, 1—old age, 3—dropsy on the chest, 1—typhous fever, 5—bowel complaint, 1—hooping cough, 3—disease of the heart, 1—marasmus, 1—inflammation of the bowels, 3—paralysis, 1—teething, 1—suicide, 1—drowned, 1—cholera infantum, 1—throat distemper, 1—lung fever, 2—erysipelas, 1—pleurisy fever, 1—casualty, 1—diarrhœa, 1—delirium tremens, 1—stillborn, 8.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. S 18—tf

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SITUATION WANTED.

A PHYSICIAN of experience would like to hear of some location favorable for the practice of his profession. Partnership with some individual who wishes to retire in part from the duties of his profession, would be preferred. Satisfactory reference as to character, professional and moral, will be given. Inquire of the editor; if by mail, post-paid.

Oct. 16—3t

FOR SALE, at this office, the only complete set of the Boston Medical and Surgical Journal which can now be furnished. It may be had either to the end of the 18th Vol., or up to the present time.

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by - - - - - - -	JOHN C. WARREN, M.D.
Chemistry, by - - - - - - - - - - - -	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by - - - - - -	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by - - - - - -	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by - - - - -	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by - - - - - - - -	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department—Session, 1839—1840.

THE regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. MILLER, M.D., Professor of Anatomy and Physiology.
SAM'L K. JENNINGS, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.
WM. W. HANDY, M.D., Professor of Obstetrics, and Diseases of Women and Children.
JOHN C. S. MONKUR, M.D., Professor of Institutes and Practice of Medicine.
EDWARD FOREMAN, M.D., Professor of Chemistry.
JOHN R. W. DUNBAR, M.D., Professor of Surgery and Surgical Anatomy.
W. R. HANDY, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to

JOHN R. W. DUNBAR,
Dean of Medical Faculty.

S 18—tN

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.